Case 3:08-cv-00276-CRB Document 6 Filed 04/10/2008 Page 1 of 8 FILED COS-0276CEB APR 1 0 2008 4-7-08

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{	UNITED STATES DISTRICT COURT
ý	NORTHERN DISTRICT OF CALIFORNIA
) (
11	DANIEL - PORTUGAL Plaintiff, CASE NO. CV 08 6276
12	
13) APPLICATION TO PROCEED IN FORMA PAUPERIS
14	N. GRANNIS, et 41., Defendant.
15	
16	I, Daniel Portugal, declare, under penalty of perjury that I am the
17	plaintiff in the above entitled case and that the information I offer throughout this application
18	is true and correct. I offer this application in support of my request to proceed without being
19	required to prepay the full amount of fees, costs or give security. I state that because of my
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21	entitled to relief.
22	In support of this application, I provide the following information:
23	1. Are you presently employed? Yes No _X
24	If your answer is "yes," state both your gross and net salary or wages per month, and give the
25	name and address of your employer:
26	Gross: Net:
27	Employer:
28	

2 salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)						
5						
5 		· · · · · · · · · · · · · · · · · · ·				
7 2. Have you received, within the past twelve (12) months, any money from an						
follow	ving s	ources:		ì		
	a.	Business, Profession or	Yes_	No		
1		self employment				
	b.	Income from stocks, bonds,	Yes_	_ No		
		or royalties?				
	C.	Rent payments?	Yes	_ No		
	d.	Pensions, annuities, or	Yes	_ No		
		life insurance payments?				
	e.	Federal or State welfare payments,	Yes	No		
		Social Security or other govern-		•		
		ment source?				
If the a	If the answer is "yes" to any of the above, describe each source of money and state the amou					
receive	orl ba	m each.				
	_					
	_					
3.	Arc y	on married?	Yes	140 <u>X</u>		
Spouse's Full Name:						
Spouse's Place of Employment:						
Spouse's Monthly Salary, Wages or Income:						
Gross &		Net \$				

	b. List the persons other than your spouse who are dependent upon you for					
2	support and indicate how much you contribute toward their support. (NOTE:					
1	For minor children, list only their initials and ages. DONOT INCLUDE					
1	THEIR NAMES.).					
5						
6						
7						
3	Estimated Market Value: \$ Amount of Mortgage: \$					
9	6. Do you own an automobile? Yes No/					
10	Make Year Model					
11	ls it financed? Yes No If so, Total due: \$					
12	Monthly Payment: \$					
13	7. Do you have a bank account? Yes No _/ (Do not include account numbers.)					
14	Name(s) and address(es) of bank:					
15						
16	Present balance(s): \$					
17	Do you own any cash? Yes No _/ Amount: \$					
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated					
19	market value.) Yes No/_					
20						
21	8. What are your monthly expenses?					
22	Rent: \$ Utilities:					
23	Food: \$ Clothing:					
24	Charge Accounts:					
25	Name of Account Monthly Payment Total Owed on This Acct.					
26	\$\$					
27	\$ \$					
28	\$\$\$					

	9. Do you have any other debts? .(List current obligations, indicating amounts and to whom they are payable. Do <u>not</u> include account numbers.)						
:	3						
4	1						
	10. Does the complaint which you are seeking to file raise claims that have been presented						
(in other lawsuits? Yes No X_						
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in						
3	which they were filed.						
9							
10							
11	I consent to prison officials withdrawing from my trust account and paying to the court						
12	the initial partial filing fee and all installment payments required by the court.						
13	I declare under the penalty of perjury that the foregoing is true and correct and						
14	understand that a false statement herein may result in the dismissal of my claims.						
15	\sim						
16	Janurary 6, 2008 * Danied Harlinga						
17	DATE SIGNATURE OF APPLICANT						
18							
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2	Case Number: CV G8 027
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9	CERTIFICATE OF FUNDS
1 ()	IN
11	PRISONER'S ACCOUNT
12	
13	l certify that attached hereto is a true and correct copy of the prisoner's trust account
14	statement showing transactions of Ortugal Daniel for the last six months
15	at SALINAS LALLEY STATE PRISON ACCOUNTING DEPARTMENT
16	P.O. BOX 1020 [prisoner name] SOLEDAD, CA 93960-1020
17	where (s)he is confined.
31	[name of institution]
19	I further certify that the average deposits each month to this prisoner's account for the
20	most recent 6-month period were \$ and the average balance in the prisoner's
21	account each month for the most recent 6-month period was #
22	
23	Daled: 18/08 X. Macas.
24	[Authorized officer of the institution]
25	
26	

REPORT ID: (TS3030 .701

REPORT DATE: 01/08/

PAGE NO:

CALIFORNIA DEPARTMENT OF CORRECTIONS SALINAS VALLEY STATE PRISON INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 01, 2007 THRU JAN. 08, 2008

ACCOUNT NUMBER : V51068

BED/CELL NUMBER: FAB3T2000000231L

ACCOUNT NAME

: PORTUGAL, DANIEL ALEJANDRO

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTION: TO BE POSTE:
0.00	0.00	0.00	0.00	0.00	0.0
			tion loss over help from man was sure files man rates were below port		

THE WITHIT WE THUSTENT IS A MARKET COPY OF THE THUST ACCOUNT MAINTAINED BY THIS OFFICE. ATTEST: CALIFORNIA DEPARTMENT OF CORRECTIONS EY dima TRUST OFFICE

CURRENT AVAILABLE BALANCE

0.00

Domirel Portugal #VS/068 Servinas Valley Stude Prison P.O. Dox 1050 Dog-Hy So Vedad Co-93960-1050



OFFICE'S OF THE CLERKY US. District COUNT NORTHERN DISTRICT OF CANFORMIA 450 Golden Gate Avenue

50m Francisco, Ca 94102

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